



INTERNATIONAL  
CAKE  
EXPLORATION  
SOCIÉTÉ

# Midyear Travel Expense Reimbursement Request Form

Date Submitted \_\_\_\_\_

Name \_\_\_\_\_ S/A/P/C/C \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_ Representative \_\_\_\_ Active Representative for \_\_\_\_\_ S/A/P/C/C

Representatives and recognized Acting Representatives must attend all five (5) Midyear meeting sessions in order to be eligible to receive the maximum reimbursement amount of \$350. Your attendance will be verified. All paperwork and reports for the S/A/P/C/C must be current and on file in order for any monies to be disbursed. You will be eligible only for the amount you *actually* incurred to attend the Midyear meeting up to the maximum reimbursement of \$350. If you are serving as an Acting Representative you are responsible to provide a written report on the activities of the Midyear meeting to the S/A/P/C/C you represented within thirty (30) days of the close of the Midyear meeting.

**All requests for reimbursements must be submitted within thirty (30) days of the close of the Midyear meeting.  
All reimbursements will be issued in U.S. funds.**

***All requests must be accompanied by receipts for the expenses claimed.***

Date	Type of Expense	Amount
	Hotel	
	Air/train/bus fare/mileage (_____miles, contact ICES Treasurer for current U.S. IRS Milage Allowance)	
	Meals	
Total of Actual Midyear Expenses		
Total Maximum Reimbursable Amount (Not to exceed \$350 U.S. funds)		
Total requested Amount		

My signature certifies that the expenses shown are accurately reported and were actually incurred for the business purposes indicated.

Signature: \_\_\_\_\_

*Please forward this form with attached receipts to the ICES Financial Records Manager. Contact information is listed in the most current ICES Newsletter. Please allow up at least thirty (30) days to process your requests.*

<b>For ICES Treasurer use only</b>	
Date Paid	_____
Check #	_____
Amount	_____